

NOV 21 2005

PTO/SB/17 (12-04v2)

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<p><small>Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).</small></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3>		<p><small>Complete if known</small></p>	
		Application Number	10/786,697
		Filing Date	February 25, 2004
		First Named Inventor	Mathew T. Abraham
		Examiner Name	Daniel R. Sellers
		Art Unit	2644
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	1010886.00633
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TOTAL AMOUNT OF PAYMENT</td> <td>(\$) \$960.00</td> </tr> </table>	
TOTAL AMOUNT OF PAYMENT	(\$) \$960.00		

METHOD OF PAYMENT (check all that apply)

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 ☐ Other (please identify) : _____
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 Deposit Account Number: 19-0733
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	---
Design	200	100	100	50	130	65	---
Plant	200	100	300	150	160	80	---
Reissue	300	150	500	250	600	300	---
Provisional	200	100	0	0	0	0	---

2. EXCESS CLAIM FEES

Fee Description		Small Entity	
Fee Description		Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		51	25
Each independent claim over 3 (including Reissues)		204	100
Multiple dependent claims		364	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
26- 20 or 25=	1	x \$50	= \$50
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP=	x	=	
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x		= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>RCE and One-Month Extension of Time fees</u>	<u>\$910.10</u>

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,344	Telephone	312-463-5000
Name (Print/Type)	Kenneth F. Smolik	Date	November 21, 2005		

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INTELLECTUAL PROPERTY LAW**FACSIMILE TRANSMITTAL SHEET**

TO: MAIL STOP RCE	FROM: Kenneth F. Smolik
COMPANY: USPTO	DATE: November 21, 2005
FAX NO.: (571) 273-8300	TOTAL NO. OF PAGES: (including cover sheet) 16
YOUR REFERENCE NO.: 10/786,697	OUR REFERENCE (C/M) NO.: 010886.00633

RE: In re: Appln. Mathew T. Abraham
Appln. No. 10/786,697
Filed: February 25, 2004
For: Multi-Channel Digital Feedback Reducer System

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NAME: Alma Bahena	PHONE: 312-463-5565
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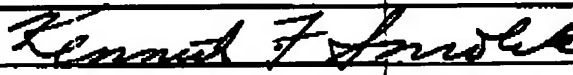
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/786,697	
	Filing Date	February 25, 2004	
	First Named Inventor	Mathew T. Abraham	
	Art Unit	2844	
	Examiner Name	Daniel R. Sellers	
Total Number of Pages in This Submission	16	Attorney Docket Number	010886.00653

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet RCE Transmittal
Remarks The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Kenneth Smolik		
Date	November 21, 2005	Reg. No.	44,344

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Michael W. Hershman	Date	November 21, 2005

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